

**COLUMBIA COUNTY APPLICATION FOR  
ALCOHOL LICENSE (Partnership)**

Type of Application (Check one in each column)

- ☐ Retail consumption dealer (on-premise)  
☐ Retail package dealer (off-premise)  
☐ Wholesaler/wholesale dealer  
☐ Temporary (non-profit civic organization)  
☐ Alcohol beverage catering

- ☐ New  
☐ Renewal  
☐ Suspension Reinstatement  
☐ Transfer (Requires new application if  
change in ownership also results in change of  
control of business entity which is a joint licensee)

Name of Business \_\_\_\_\_

Location: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code Phone Number

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code Phone Number

Name of Partnership: \_\_\_\_\_

Date formed: \_\_\_\_\_ State in which formed: \_\_\_\_\_

Attach Partnership Agreement as Exhibit to Application.

Managing or General Partner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code Phone Number

Other Partner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code Phone Number

Person having primary responsibility for operation of the business: \_\_\_\_\_

\_\_\_\_\_  
Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code Phone Number

[Attach additional sheets if necessary]

The partnership is organized and exists under the laws of the U. S. or the state of \_\_\_\_\_, and all natural persons who are required to join in the application are either a citizen of the U.S. or an alien lawfully admitted for permanent residence in the U.S. Yes\_\_\_\_\_, No\_\_\_\_\_. Attach a copy of the permanent resident visa (green card) for each applicant who is not a U. S. citizen.

On a separate sheet list the names and **residence** addresses of all partners unless there are more than 20. In that case list the same information for all partners having directly or indirectly at least a 5% interest in the assets or revenues of the partnership.

**PROPERTY**

Check those items that apply:

\_\_\_\_\_ Plat of property showing distances from business to nearby churches, schools, parks and playgrounds, and alcoholic treatment facility is submitted with the application.

\_\_\_\_\_ Evidence of ownership of the property is submitted with the application.

\_\_\_\_\_ A copy of a valid lease of the property is submitted with the application.

☐ For a franchise operation, a copy of the franchise agreement is submitted with the application.  
☐ Plans of the building in which the establishment seeking the license will be housed are submitted with the application.  
☐ The building is currently under construction or renovation and a copy of the building permit and the building plans are submitted with the application.  
☐ The building is currently under construction or renovation and a copy of the certificate of occupancy will be submitted immediately after it is issued.  
☐ Construction or renovation of the building is completed at the time the application is submitted and a copy of the certificate of occupancy is submitted with the application.  
 If the license is issued before the building or renovation is completed, the license will be issued subject to the condition that the building must be approved by the building inspector upon completion.

### DETERMINATION OF FEES

Administrative Fee(s) and Investigative Fee(s) (Administrative and investigative fees are to be paid by certified check.)

\$\_\_\_\_\_ Administrative Fee(s) \$\_\_\_\_\_

\$\_\_\_\_\_ Investigative Fee(s) \$\_\_\_\_\_

Type of License (One Only) (License fee is to be paid by **separate** certified check. Full fee prior to April 1; 3/4 fee prior to July 1; 1/2 fee prior to October 1; 1/4 fee October 1 or after. ) [Determined by date license is issued.]

( ) Beer \$\_\_\_\_\_

( ) Wine \$\_\_\_\_\_

( ) Beer and Wine \$\_\_\_\_\_

( ) Distilled Spirits and Beer and/or Wine \$\_\_\_\_\_

Other Fees or Charges: \$\_\_\_\_\_

TOTAL DUE: (Payable To Columbia County Commission) \$\_\_\_\_\_

Check each of the following that apply:

☐ Eating establishment seating 50 or fewer people in space containing 1,600 square feet or less of enclosed space

☐ Hotel with fewer than 30 rooms and a public dining facility seating 50 or fewer people

☐ Any other eating establishment, hotel, indoor commercial recreational facility, outdoor commercial recreational facility, or private club

(Indicate the number of fixed bars \_\_\_\_\_, and movable bars \_\_\_\_\_)

☐ In-room service for hotel

### FINANCIAL RESPONSIBILITY

Bank to be used by business, include branch and address: \_\_\_\_\_

Bank Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip Code Phone Number

Total amount of funds invested by the owner(s): \$ \_\_\_\_\_

Total amount of funds invested by party or parties other than the owner(s): \$ \_\_\_\_\_

Total Assets: \_\_\_\_\_

Total Liabilities: \_\_\_\_\_

If capital is borrowed: Name of Lender Date Amount

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### CERTIFICATION OF GOOD CHARACTER

CHECK ALL ANSWERS AND EXPLANATIONS TO DETERMINE THAT ALL QUESTIONS HAVE BEEN ANSWERED FULLY AND CORRECTLY. EXECUTION OF THIS STATEMENT IS TO BE DONE UNDER OATH, IS SUBJECT TO THE PENALTIES OF FALSE SWEARING, AND INCLUDES ALL ATTACHED SHEETS SUBMITTED HEREWITH.

#### I CERTIFY THAT:

I have not been convicted of, or have pled guilty to, or entered a plea of *nolo contendere* to, any charge involving a crime of moral turpitude, gambling, illegal possession or sale of controlled substances or illegal possession of alcoholic beverages within the last ten years immediately prior to filing this application.

To my knowledge, no partner, officer, director, shareholder or other person required to be listed on the application, even if not required to be a joint applicant, has been convicted of, or has pled guilty to, or has entered a plea of *nolo contendere* to, any charge involving a crime of moral turpitude, gambling, illegal possession or sale of controlled substances or illegal possession of alcoholic beverages within the last ten years immediately prior to filing this application.

All of the requirements of the Columbia County code regarding alcoholic beverages have been met by the applicant(s) and all other persons required to be listed on the application.

I have not been convicted of, or pleaded guilty or *nolo contendere* to any charge under any federal, state or local law constituting a felony within ten years of the date of this application.

I have not had a license, including a license to sell alcoholic beverages, issued under the police powers of the county, revoked within two years of the date of this application.

To my knowledge all persons having any ownership interest in or control over the land or building containing the establishment to be operated pursuant to the license being applied for, meet the same character requirements as those set forth for the licensee.

I do\_\_\_\_ do not\_\_\_\_ have financial and/or operational interest in any hotel, bar, lounge, tavern, restaurant, package store or other place of business where alcoholic beverages are sold other than the business for which this application is submitted

The establishment complies with all applicable building and fire codes and all applicable government laws and regulations.

All taxes or fees due by me to Columbia County or the State of Georgia have been paid.

I have answered all questions fully and correctly and certify that all information submitted in obtaining an alcohol license is true and correct.

#### CERTIFICATION

I certify that to my knowledge all of the information contained within this application is true and correct and that I have truthfully and as completely as possible responded to all questions and requirements of this application.

\_\_\_\_\_  
(Printed name of applicant)

\_\_\_\_\_  
(Signature of applicant)

SWORN TO AND SUBSCRIBED BEFORE ME THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary

MY COMMISSION EXPIRES \_\_\_\_\_

SEAL

**ESTABLISHMENT OF REGISTERED AGENT (FOR NON RESIDENTS OF COLUMBIA COUNTY)**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code Phone Number

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code Phone Number

**CONSENT TO SERVE AS REGISTERED AGENT**

I, \_\_\_\_\_, am a resident of Columbia County, Georgia and  
(Name of registered agent)  
reside at the address shown above. I hereby consent to serve as registered agent for the entity who is  
applying for an alcohol license in Columbia County. As the registered agent, I understand I will be the person  
upon whom any process, notice or demand required or permitted by law or under this chapter may be served.

\_\_\_\_\_  
(Printed name)

\_\_\_\_\_  
(Signature)

SWORN TO AND SUBSCRIBED BEFORE ME THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary

MY COMMISSION EXPIRES \_\_\_\_\_

SEAL

## APPLICANT'S AUTHORIZATION TO RELEASE CERTAIN INFORMATION

The undersigned applicant has applied for an alcohol license in Columbia County, Georgia and authorizes information to be released to Columbia County regarding the applicant's police records and credit information.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security No.

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Home Telephone No.

\_\_\_\_\_  
Business Telephone No.

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Signature)

SWORN TO AND SUBSCRIBED BEFORE ME THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary

MY COMMISSION EXPIRES \_\_\_\_\_

SEAL

## Certification of Payment of Taxes

The applicant listed below has applied for:

alcoholic beverages license\_\_\_\_\_

massage therapy/operators license\_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Requested by \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Department

\_\_\_\_\_ There are delinquent taxes owed or due to Columbia County, Georgia by the above applicant.

\_\_\_\_\_ There are not delinquent taxes owed or due Columbia County, Georgia by the above applicant.

By: \_\_\_\_\_

Columbia County Tax Commissioner's Office  
Appling, Georgia 30802

\_\_\_\_\_  
Date

## REPORT OF DISTANCE SURVEY FOR ALCOHOLIC BEVERAGE LICENSE

Name of Business \_\_\_\_\_

(Applying for alcohol license)

Location: \_\_\_\_\_

(Alcohol license)

City

State

Zip Code

Phone Number

Mailing Address: \_\_\_\_\_

(Applicant)

City

State

Zip Code

Phone Number

### Surveyor's Report

I have prepared a plat of the land on which the establishment is proposed to be located showing the location of the improvements thereon, and certify as to the accuracy thereof the distance from the main entrance door of the proposed establishment to any school building, church building, county park or playground, or alcoholic treatment facility located within 500 yards thereof measured under the applicable provisions of section 6-52.

The undersigned understands and applied the following measurement techniques contained in section 6-52 in making said determinations (check the measurement technique(s) used):

\_\_\_\_\_ The property in question **is** located in a "designated area" (an area of the county designated as existing commercial centers, planned development corridors, commercial growth corridors, commercial centers, major commercial centers, commercial center at proposed Flowing Wells--I-20 Interchange under the 1989-2010 county growth management plan adopted by the board of commissioners on October 3, 1989, as amended from time to time), **and** the church building, school building, county park or playground, or alcoholic treatment facility was built, acquired or established **after** December 31, 1991.

[Distance shall be measured from the main entrance door of the establishment for which a license is being sought to the nearest point of the centerline of the nearest traveled road, street or highway, then measured along such centerline to a point on the centerline nearest the main entrance door of the school building, church building, county park or playground, or alcoholic treatment facility and then measured in a straight line from such centerline to such main entrance door.]

Name

Distance

School (200 yds.) \_\_\_\_\_

School (200 yds.) \_\_\_\_\_

School (200 yds.) \_\_\_\_\_

Church (100 yds.) \_\_\_\_\_

Church (100 yds.) \_\_\_\_\_

Church (100 yds.) \_\_\_\_\_

County park/playground (100 yds.) \_\_\_\_\_

County park/playground (100 yds.) \_\_\_\_\_

County park/playground (100 yds.) \_\_\_\_\_

Alcoholic treatment facility (100 yds.) \_\_\_\_\_

Alcoholic treatment facility (100 yds.) \_\_\_\_\_

Alcoholic treatment facility (100 yds.) \_\_\_\_\_

\_\_\_\_\_ The property in question **is** located in a “designated area” (an area of the county designated as existing commercial centers, planned development corridors, commercial growth corridors, commercial centers, major commercial centers, commercial center at proposed Flowing Wells--I-20 Interchange under the 1989-2010 county growth management plan adopted by the board of commissioners on October 3, 1989, as amended from time to time); **however**, the church building, school building, county park or playground, or alcoholic treatment facility was built, acquired or established **before** December 31, 1991.

\_\_\_\_\_ The property in question is **not** located in a “designated area” (an area of the county designated as existing commercial centers, planned development corridors, commercial growth corridors, commercial centers, major commercial centers, commercial center at proposed Flowing Wells--I-20 Interchange under the 1989-2010 county growth management plan adopted by the board of commissioners on October 3, 1989, as amended from time to time).

[Distance shall be measured in a straight line from the main entrance door of the establishment for which the license under this article is being sought to the nearest point on the boundary line of the land making up the campus of the church building, school building, county park or playground, or alcoholic treatment facility.

Name	Distance
School (200 yds.) _____	_____
School (200 yds.) _____	_____
School (200 yds.) _____	_____
Church (100 yds.) _____	_____
Church (100 yds.) _____	_____
Church (100 yds.) _____	_____
County park/playground (100 yds.) _____	_____
County park/playground (100 yds.) _____	_____
County park/playground (100 yds.) _____	_____
Alcoholic treatment facility (100 yds.) _____	_____
Alcoholic treatment facility (100 yds.) _____	_____
Alcoholic treatment facility (100 yds.) _____	_____

The current zoning of the property is \_\_\_\_\_.

In my opinion, the premises indicated above meets the requirements for licensing as defined in the survey plat attached.

\_\_\_\_\_  
Signature of Georgia Registered Land Surveyor

Number \_\_\_\_\_

**NOTE: A PLAT OF THE LAND SHOWING ALL IMPROVEMENTS THEREON MUST BE SUBMITTED WITH THIS REPORT.**



### Instructions for completing application

(For a license to be issued to a **general partnership**, the application must be made jointly by the partnership, any managing partner and all other partners owning at least a 20% interest in the assets or revenues of the partnership. If there is no managing partner and there is no partner meeting the ownership requirements, then the application must be made jointly in the name of the partnership and the general partner owning the greatest percentage interest in the assets and revenues of the partnership. At least one of the applicants shall be a natural person. If none of the applicants required above is a natural person, then the natural person having primary responsibility for the operation of the business for which the license is sought shall join in the application.)

(If the applicant for a license is a **limited partnership**, the application shall be made jointly by the limited partnership, its general partner, and any other partner, limited or general, owning at least a 20% interest in the assets or revenues of the limited partnership. At least one of the applicants shall be a natural person. If none of the applicants required above is a natural person, then the natural person having primary responsibility for the operation of the business for which the license is sought shall join in the application.)

(Where the applicant is a **corporation**, the application shall be made jointly in the name of the corporation and its president or vice president and any stockholder owning at least 20% of the total outstanding capital stock of the corporation.)

Private Club:

**(Application shall be made jointly in the name of the private club and its president or general manager.)**